and page 272 of the May issues—were in no manner modified at Yosemite. At the Yosemite meeting, members of the Committee of Six, who sat in the House of Delegates, stated on the floor that if Senate Bill 454 or Assembly Bill 1097 failed in their final form to measure up to the stipulations outlined in Resolution No. 2, the bills would be promptly withdrawn.

However, the actions taken independently by the California Senate and Assembly, prevent that dilemma from arising.

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The Present Status of the Health Insurance Bill.—For the present, the record of the California Medical Association is that its members have given active coöperation in promoting a cross-section survey of sickness incidence and costs in California, and of having aided in the draft of a bill (S. B. 454) submitted on April 12, which received, however, many amendments, and which in its amended form on May 17, was withdrawn from the Senate calendar. It has been stated that before the legislature adjourns, Assemblyman Dewey Anderson would submit amendments to Assembly Bill 1097, to permit its final printed form to conform in the main with Senate Bill 454, as that measure was originally introduced by the Committee of Six.

Course of Future Action by the Association.— It now devolves upon the Council to consider the future course of action. The annual meeting of the trustees of the Association has been called for Saturday, May 25, and on that day the Council of the California Medical Association will also convene. At that meeting the future course of procedure will probably be outlined. The decisions reached, in conjunction with the minutes of the House of Delegates, will probably be announced in the July issue.

Thanks Due to the Committee of Six.—In bringing these comments to a close, it is only proper that attention should again be called to the efficient work performed by the Committee of Six (Doctors Junius B. Harris of Sacramento, Walter B. Coffey of San Francisco, Fred R. De-Lappe of Modesto, T. Henshaw Kelly of San Francisco, E. T. Remmen of Glendale and Joseph Catton of San Francisco). Theirs was no easy task, and their faithful services, as well as those of the members of the Advisory Committee, deserve and will elicit the thanks of the members of the California Medical Association.

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Every Component County Society Should Continue Its Study of Health Insurance Problems and Plans.—In conclusion, may not the importance of continued study of sickness insurance be here emphasized? The action of the present legislature has not solved these problems. They will be found facing us two years hence, perhaps in more militant manner than in that of yesterday and today.

It is most important, therefore, that every member should acquaint himself with all phases of the subject.

In the larger component societies, medical economic sections, to meet quarterly, bimonthly or monthly, could well be brought into being. In the smaller societies, two evenings each year—one in the spring and the other in the fall—might well be devoted to a discussion of these topics, with presentations by both local and guest speakers. In the larger societies, if economic sections are formed, at least two general meetings of the entire membership should be given over to suitable programs.

A perusal of the speeches made at the Los Angeles special session and printed in this issue,\* will at once indicate to the readers what radically different opinions are held by some of our members. It should, nevertheless, be possible, through friendly discussion of insurance system facts in relation to sickness incidence and costs, for members of the profession to meet on a common ground, so that the interests of the lay public and of the medical profession will be both adequately and properly protected. If we are not educated in these matters, we shall find ourselves in the future in unfortunate situations.

## OTHER LEGISLATION

The fate of the bills in which members of the medical profession have special interest is still in doubt. Brief mention may be made of several:

Qualifying Certificate Act (A. B. 1552).—This bill will die in committee. Many amendments thereto were submitted, and others suggested and sent to the special committee, whose report appeared on page 317 of the April issue. The House of Delegates at Yosemite voted to instruct the Council to continue its studies for such a law, and to submit the same as an initiative act at a future State election. This recommendation is in line with the advice of the Special Committee when it secured the Council's permission to introduce Assembly Bill 1552, as a means of better provoking suggestions for possible amendments.

Senate Bill 471: "Relating to Medical and Hospital Insurance Service."—It is stated, when Assembly Bill 1097 (the number of the health insurance companion bill to Senate Bill 454) was being discussed in the Assembly chamber before the Committee on Social Welfare, that Senate Bill 471, introduced by Senator L. J. Difani of Riverside, was plucked from the bottom or nearbottom of the committee file, to pass out to the Senate floor and go on to passage in the upper House. At this writing, Assembly Bill 471 has had its third reading in the Assembly, but is being bitterly contested. Many members of the Association have been consulted in regard to this proposed law. What the end-result will be cannot be foretold at the time these comments are written.

<sup>\*</sup>The speeches made at the special sessions of March 2-3 are printed in this issue, on pages 445-460 inclusive.

A general outline of Senate Bill 471 was given in the following article, taken from the San Francisco Examiner:

The California Medical Association has raised objections to Senate Bill 471, which provides for medical and hospital service insurance. The bill has passed the Senate and is on the third reading file of the Assembly.

Chief objection made to the bill, as stated by the Association's representative, is that "it converts the practice of medicine to the business of insurance and profit from the sick."

## Protection Not Given

It is also asserted that the bill provides no minimum standards of care for the protection of the patient and gives no authority for fixing such minimum standard and also by implication does not prohibit solicitation, but authorizes it.

The bill, according to the Association, would by implication allow a physician to use a name other than his own if he were an insurer under the act while, it is claimed, such practice is prohibited by the Medical Practice Act.

## Held Unnecessary

It is averred by the Association that the bill is unnecessary to control and regulate certain persons and associations in that "the existing laws and court decisions now take care of that."

It is stated by the Association that the bill fails to furnish the insurance department with necessary expert assistants to enforce its provisions. Objection is further stated by the Association in that it is claimed the bill would result in "commercialism of medicine and will not even tend to solve the problems connected with the cost of sickness." The statement is made for the Association:

"If it is deemed necessary by the insurance department that hospital service insurance be regulated, this can be done by amending the bill to delete all professional medical service."

Physicians' and Hospital Records (A. B. 2158). —This bill would have given attorneys the right, without let or hindrance, to inspect and copy physicians' and hospital records when "there shall be either pending or contemplated litigation, in which said records will, in the opinion of said attorney, be helpful to the cause of his client." This bill deservedly died in committee.

So-called Antivivisection Bill (A. B. 2401).— In popular parlance this measure, proposed by the business manager of the Butchers' Union of Alameda, was known as the "dog bill," and in the "committee pound" it went into a quiet death. Some of its proponents now talk confidently of resorting to an initiative to bring about the enactment of such a law. If that happens, the dogs of war will surely be unleashed.

Assembly Bill 1037: "An Act to Safeguard the Public Health by Regulating the Use of X-Rays on Living Persons in California."—The object of this bill, introduced by Assemblyman J. E. Peyser of San Francisco, is to confine the use of x-rays to reasonably qualified persons. It would do away with the use of such a potent agent as x-rays by beauty-parlor operators or shoe-fitting establishments. While recognizing the rights of physicians

and others, its provisions would prevent persons, not qualified, from receiving licenses to use this modality. The licensing power was placed under the California State Board of Health instead of under the State Board of Medical Examiners, in deference to osteopathic and other groups who might object to the State Medical Board.

County Health Insurance Systems (A. B. 2397). —This is the Heisinger bill. Its provisions for medical service have been amended out of the bill, but it still contains provisos that could be a real menace to medical standards.

Restrictions on Granting Doctor and Other Degrees (A. B. 1765).—The racket that has arisen through lax laws governing the incorporation of educational institutions having the right to grant doctorate and other degrees was briefly commented upon, on page 273 of the April issue. Assembly Bill 1765 places additional safeguards on the granting of degrees, diplomas and certificates. The measure has passed out to the Assembly floor and may go on to passage. The amendments to existing statutes proposed in Assembly Bill 1765 would inflict no hardships on legitimate institutions, but would go far in doing away with fly-by-night rackets.

Much might be written of a dozen or more measures of special interest to groups of members, but it is not possible, in this short time before going to press, to prognosticate the outcome. Comment on the results, therefore, will be held over for the July issue.

## SPECIAL SESSION SPEECHES ON HEALTH INSURANCE

Speeches and Remarks Made at the Special Session of the California Medical Association House of Delegates Printed in This Issue.—The official minutes of the special session of the House of Delegates of the California Medical Association, held in Los Angeles on March 2 and 3, 1935, were printed on pages 194 to 207 of the March issue. At that time the speeches by delegates had not been transcribed, and since then special annual session program and other features have delayed their publication.

In this issue will be found most of the speeches made at the special session, on both sides of the health insurance question.\* The attention of readers is called to these discussions because the action taken by the House of Delegates at that time, before its members voted favorably upon the outstanding resolution (Ingber Resolution No. 2) of that special session, was more or less swayed by the arguments put forth. The remarks made by delegate speakers are as pertinent today as then, and to members of the California Medical

 $<sup>\</sup>ensuremath{^{\bullet}}$  The special session speeches are printed in this issue, on pages 445-460.